

Quality and Accreditation Institute
Centre for International Accreditation



Change Adapt Improve

**CHECKLIST FOR CHANGE IN LOCATION OF THE
CONFORMITY ASSESSMENT BODY (CAB)**

Issue No.: 01

Issue Date: December 2025

Quality and Accreditation Institute		
Centre for International Accreditation		
Doc. No.: QAI CIA 039	Checklist For Change in Location of the Conformity Assessment Body (CAB)	
Issue No.: 01	Issue Date: December 2025	Page No.: 1 of 6

CHECKLIST FOR CHANGE IN LOCATION OF THE CONFORMITY ASSESSMENT BODY (CAB)
(This checklist should be used in conjunction with various formats given in the Assessor Guide)

Name of the accreditation programme (Testing/ Calibration/ Medical/Biobanking/ PTP/RMP/Inspection Body/ Any other): _____

Name of the CAB: _____

Current/ Previous Location Address of the CAB: _____

New Location Address of the CAB: _____

Date of ceasing the operation at the previous location: _____

Date of start of operations at the new location: _____

Certificate Number: _____

Date of Verification: _____

Sl. No.	Requirement	Verification	Remarks with Documentary Evidence (if any)
1.	Valid Trade Licence and Legal permissions at new location	☐ Verified / ☐ Not Verified	
2.	Legal Identity of the laboratory (Certificate of Incorporation / Partnership Deed)	☐ Verified / ☐ Not Verified	
3.	Address Proof – Ownership Document / Rent Agreement	☐ Verified / ☐ Not Verified	

Quality and Accreditation Institute			
Centre for International Accreditation			
Doc. No.: QAI CIA 039		Checklist For Change in Location of the Conformity Assessment Body (CAB)	
Issue No.: 01		Issue Date: December 2025	Page No.: 2 of 6

Sl. No.	Requirement	Verification	Remarks with Documentary Evidence (if any)
4.	GST Registration Certificate updated with new address (if applicable)	☐ Verified / ☐ Not Verified	
5.	Udyam Registration updated with new address (if applicable)	☐ Verified / ☐ Not Verified	
6.	CAB has stopped all conformity assessment activities at old location	☐ Verified / ☐ Not Verified	
7.	Any change in management / testing personnel identified & updated	☐ Yes / ☐ No	
8.	Layout plan of the CAB at new address	☐ Reviewed / ☐ Not Reviewed	
9.	Adequacy of the physical space for carrying out conformity assessment activities	☐ Verified / ☐ Not Verified	
10.	Facilities / equipment installed and their calibration at new location is in order	☐ Verified / ☐ Not Verified	
11.	Adequacy of equipment placement to ensure compatibility	☐ Verified / ☐ Not Verified	
12.	Environmental monitoring facility and records maintenance at new location	☐ Reviewed / ☐ Not Reviewed	

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Doc. No.: QAI CIA 039

Checklist For Change in Location of the Conformity Assessment Body (CAB)

Issue No.: 01

Issue Date: December 2025

Page No.: 3 of 6

Documentation & System Implementation

Sl. No.	Requirement	Verification / Remarks	Remarks with Documentary Evidence (if any)
1.	Updated Quality Manual/ Management system documentation with new address	☐ Verified / ☐ Not Verified	
2.	Updated list of personnel, including authorized signatories	☐ Verified / ☐ Not Verified	
3.	Records demonstrating system implementation at new location	☐ Verified / ☐ Not Verified	
4.	Updated Measurement Uncertainty calculations (if applicable)	☐ Verified / ☐ Not Verified	
5.	Internal Audit plan/conducted at new location	☐ Reviewed / ☐ Not Reviewed	
6.	Management Review plan/conducted at new location	☐ Reviewed / ☐ Not Reviewed	

Test Reports & Service Continuity

Sl. No.	Requirement	Verification / Remarks	Remarks with Documentary Evidence (if any)
1.	Last test report issued from old address verified	☐ Verified / ☐ Not Verified	
2.	Any test reports issued from new address reviewed	☐ Verified / ☐ Not Verified	
3.	Whether any conformity assessment activity reported (such as test report, calibration report) during the shifting interval	☐ Verified / ☐ Not Verified	

Any other remarks:

Date: _____

Assessor Name & Signature: _____

Quality and Accreditation Institute			
Centre for International Accreditation			
Doc. No.: QAI CIA 039		Checklist For Change in Location of the Conformity Assessment Body (CAB)	
Issue No.: 01		Issue Date: December 2025	Page No.: 5 of 6

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Quality and Accreditation Institute		
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Doc. No.: QAI CIA 039	Checklist For Change in Location of the Conformity Assessment Body (CAB)	
Issue No.: 01	Issue Date: December 2025	Page No.: 6 of 6